

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14140

State File No.

BIRTH NO. 27477-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 982

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Kinloch</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>5</u> No <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>		STREET ADDRESS (If rural, give location) <u>959 Frost Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwina</u> b. (Middle) <u>Parsons</u> c. (Last) <u>Parsons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 27 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>27 Mar 55</u>
9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR: Months <u>1</u> Days <u>—</u> Hours <u>—</u> Mins <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US of A</u>	
13a. FATHER'S NAME <u>William Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Newsons</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Parsons, Kinloch, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Perforated Ulceration of ileum & peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Saccular Dilatation of Ileum</u> DUE TO (c) <u>Multiple Congenital Anomalies of Int. Tract</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Membranous obstruction of duodenum; Saccular Dilatation of ileum</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-27</u> , 19 <u>55</u> , to <u>4-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>55</u> , and that death occurred at <u>12:55p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carver Ray, M.D.</u>		23b. ADDRESS <u>601 Brentwood Clayton</u>	
23c. DATE SIGNED <u>4-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>29 Apr 55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsdale, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros, Kinloch 21, Mo.</u>		ADDRESS	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edmond A. Lyons

Licensed Embalmer No. 4444

P. O. Address St. Louis 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.